



LICENSING UNIT

10949 North Mather Boulevard, Rancho Cordova, CA 95670
P (855) 735.0462 F (888) 421-7798 | www.bar.ca.gov

CHANGE OF NAME/ADDRESS SMOG TECHNICIAN, INSPECTOR, BRAKE/LAMP ADJUSTER

CHANGE TYPE: *Please check applicable box(es)*

- ☐ Change of physical address (Complete items 1, 4, and 6)
☐ Change of mailing address (Complete items 1, 5, and 6)
☐ Change of name* (Complete items 1, 2, 3, and 6)

Department Use Only

Initials _____

Date Processed _____

Please include a copy of legal document verifying change of name*MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING UNIT AT THE ABOVE ADDRESS.**

Last	First	Middle
Full Name (Current):		

Please type or print legibly

1. License Number				
2. Change of Name		From:	To:	
3. Attached Document Verifying Name Change: <i>(Please check)</i> <input type="checkbox"/> Legal Court Document <input type="checkbox"/> California Driver's License				
4. Change of Address				
Number and Street		City	State	Zip Code
From:				
Number and Street		City	State	Zip Code
To:				
5. Change of Mailing Address <i>(If different from physical address)</i>				
Number and Street or Post Office Box		City	State	Zip Code
From:				
Number and Street or Post Office Box		City	State	Zip Code
To:				
6. Certification				
I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.				
Signature _____			Date _____	
Licensed Technician, Inspector or Adjuster				